

eruptions, with some variations in time, when the tonsils may enlarge without infection or inflammation, as two, six, twelve and seventeen years. (4) Tonsils, though slightly enlarged when not infected, return to normal with complete eruption of the teeth. (5) Diseased teeth are a prolific source of enlargement of the glands through proximity of membranes, either directly by infection, or by toxins. (6) In the treatment of the tonsil by the specialist, may we not include as a routine the observation as to carious teeth and a recognition of these four periods of eruption coincident with slight enlargement? *Macleod Yearsley.*

**Hudson-Makuen.**—*The Faucial Tonsils and the Teeth.* "Journ. of the Amer. Med. Assoc.," June 19, 1909.

The author describes in detail the close inter-relation between diseased conditions of the tonsils and teeth, and states that we cannot cure mouth-breathing and its resultant disastrous effects in all cases by merely removing tonsils and adenoids. When there are dental irregularities coincident these, too, must be regulated. Tonsils cause dental deformity by pressure on the molars. Old degenerated tonsils should be removed, though they are no longer active. *Macleod Yearsley.*

**Miller, A. H.**—*Anesthesia for Adenoid and Tonsil Operations.* "Boston Med. and Surg. Journ.," July 15, 1909.

The author advocates nitrous oxide, ethyl chloride, or a single administration of ether when the operation is a short one; in long operations he prefers ether or chloroform by a Junker apparatus. He draws attention to the danger of chloroform on account of the lymphatic diathesis. *Macleod Yearsley.*

**Pearson, J. S.**—*Streptococcal Pericarditis and Colitis following Tonsillitis.* "Lancet," May 1, 1909.

Two cases are recorded, one a girl, aged twenty, the other a girl, aged seven. The former died. Both cases showed *Streptococcus longus* in the blood, and the younger patient recovered after injections of anti-streptococcic serum. *Macleod Yearsley.*

## NOSE.

**Mosher, H. P., and Kerr, J. D.**—*The Treatment of Atrophic Rhinitis with Vaccine.* "Boston Med. and Surg. Journ.," May 20, 1909.

The vaccine used was a mixed one of the *Staphylococcus albus, aureus and citreus*, the initiating dose being 400,000 increased to 900,000, the injection being made twice a week.

The conclusions are that none of the ten cases under treatment eleven months were cured, but their most annoying symptoms (odour, crusts, headaches) have been improved. The observers have not been able to determine how long the treatment should be continued. *Macleod Yearsley.*

**Adams, James.**—*The Pathology and Treatment of Atrophic Rhinitis.* "Glasgow Med. Journ.," July, 1909.

The author, after discussing thirty-one cases of atrophic rhinitis, divides them into two distinct types: (1) The common type consists of

those cases associated with sinusitis. (2) The rarer type includes those not associated with diseases of the sinuses.

He states that the chief cause of atrophic rhinitis is the sequelæ or end stages of a hyperplastic purulent rhinitis involving first the membrane, then the sinuses, and these again infect the membrane. Purulent rhinitis chiefly occurs in people who have a structural abnormality of the sinuses. Crusting and fœtor are favoured by the width of the nostril. The disease begins early in life, although not necessarily in childhood, and has a marked hereditary tendency.

In order to avoid this disease any purulent rhinitis must be carefully douched, especially in children after an eruptive fever. In adults the sinuses must be treated first; no paraffin injected if any sinuses diseased, but otherwise solid paraffin injections have proved very successful. The author recommends ionisation, and in children argyrol (25 per cent.), along with douching, fresh air, etc. *Andrew Wylie.*

**Goodale, J. L.** (Boston).—*On the Treatment of Chronic Suppurative Nasal Conditions by the Use of Lactic Acid Bacteria.* "Boston Med. and Surg. Journ.," July 15, 1909.

**Curtis, H. Holbrook** (New York).—*The Lactic Acid Bacilli in Ozæna.* "Merk's Archives," January, 1909.

These two papers deal practically with the same subject.

Goodale's series of cases extended over a period of four months, and are divided into those where an apparent influence was noted and those where no effect could be detected. The cases included conditions of atrophic rhinitis with ozæna and chronic suppuration of the various sinuses, and the preparation used was administered with an atomiser, crusts in cases of ozæna being first removed. Seven cases which were apparently influenced by using the culture are detailed, with four cases in which no result could be perceived. Goodale compares it with the effect of argyrol.

Holbrook Curtis's paper is his second communication on the subject (the first appeared in the *Medical Record* for July 11, 1908). He speaks enthusiastically upon the effect of the lactic acid bacilli in ozæna, and as a topical application in suppurative disease of the ethmoid cells and frontal sinus. He claims that they not only have an action on the pathogenic bacilli present, but also upon the nasal vaso-motor system. He also describes one case in which the preparation had a marked effect upon middle-ear suppuration. *Macleod Yearsley.*

**Hajek, M.**—*Acute Empyema of an Ethmoidal Cell with Marked Exophthalmos.* "Arch. Internat. de Laryng., etc.," tome xxvii, No. 2, March-April, 1909, p. 308.

Patient, a medical man, the subject of acute coryza of eight days', and of exophthalmos of the right eye of four days' duration; otherwise perfectly well. Vision and eye movements normal; no sign of orbital cellulitis; no pyrexia.

Left side of nose normal; in right, muco-pus seen in middle meatus. Dulness on transillumination in infra-orbital region. Muco-pus in antrum found on proof-puncture. A sound in the middle of olfactory cleft gave impression of elasticity of ethmoidal region. Thereupon the author by means of his stylet broke down the inner wall of the ethmoidal labyrinth, letting out about two drachms of thick yellow pus, and at once

the exophthalmos disappeared. A sound passed into the pus-containing chamber revealed an extensive cavity in the ethmoid, the walls of which were bony save at one area in the outer wall, corresponding to the orbit, where there was a dehiscence; cure.

Discussing the mechanism of production of the exophthalmos, the author confesses himself forced by this case to admit that, contrary to his former opinions, it is possible for simple suppuration, acute or chronic, without the aid of an expanding lesion such as a mucocele, to lead to true dilatation of a sinus.

The great extent of the cavity may, he thinks, be ascribed to the pre-existence of an abnormally large ethmoidal cell. *Dan McKenzie.*

**Carter, W. W.**—*Hay-fever and other Rhinological Causes of Asthma.* "Medical Record," May 29, 1909.

This paper discusses the different conditions which may be confounded with true hay-fever, as hyperæsthetic rhinitis, spasmodic asthma, and insists on the importance of connection of nasal conditions which may have an ætiologic bearing on the disease. Whereas in true hay-fever the correction of the nasal conditions may be only palliative, in pseudo-hay-fever this may result in a cure. In true hay-fever known palliative measures, if judiciously applied, will, in the majority of cases, carry the patient through the critical period in a state of comparative comfort.

Carter believes that true hay-fever and hay-asthma can be cured only by correcting the basic nutritive fault that is responsible for the susceptibility to the pollen toxin, and this can be accomplished only by a complete reform in the personal hygiene before the affection has become chronic. *Macleod Yearsley.*

## LARYNX.

**Hernan, R. B.**—*The Treatment of Tuberculous Laryngitis.* "New Orleans Med. and Surg. Journ.," July, 1909.

The author insists upon the beneficial effects of high altitudes, tuberculin, sunlight, and complete rest of the cords, and deprecates severe treatment. *Macleod Yearsley.*

**Bloom, J. D.**—*Low Tracheotomy for Foreign Bodies in the Trachea and Oesophageal Conditions resembling Tracheal Obstruction.* "New Orleans Med. and Surg. Journ.," January, 1909.

Details a number of cases of interest supporting the author's contention that a low tracheotomy effects a speedy relief by tracheal effort in the delivery of the foreign substance, lessens respiratory effort, and has a better cosmetic effect. *Macleod Yearsley.*

**Robertson, A. R.**—*Congenital Imperforation of the Oesophagus with Tracheo-Oesophageal Fistula.* "Boston Med. and Surg. Journ.," August 12, 1909.

The author reviews the literature and reports the case of a male child, aged twelve days, presenting this rare anomaly. *Macleod Yearsley.*